

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 143

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MARK ANDERSON

Mailing Address 837 N. LAKE SYBELIA DR.

City

MAITLAND

State

FL

Zip Code

32751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JLR MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.77037

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN ARNOLD

Mailing Address 4305 S. BOWEN RD. STE. 131

City

ARLINGTON

State

TX

Zip Code

76016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PINNACLE ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.77430

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

M. ASHFAQ ASSADI

Mailing Address 1009 SIR LANCELOT CIR.

City

LEWISVILLE

State

TX

Zip Code

75056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PINNACLE ANESTHESIA CONSU-  
LTANTS, PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.77496

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....